

THE IMPACT OF COUNSELING CENTER ACCREDITATION ON MENTAL HEALTH  
POLICIES AND SERVICES AT PUBLIC UNIVERSITIES

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### **Abstract**

The Center for Collegiate Mental Health (CCMH) has found that use of college counseling services increased by an average of 30-40% between 2009 and 2015, while enrollment increased by only 5% during the same period (2019). Resource allocation for college counseling centers has lagged behind this dramatic increase in usage, causing some institutions to limit services offered. One accountability mechanism available for college counseling centers in the midst of varying priorities is the accreditation process. The International Accreditation of Counseling Services (IACS) is seen as the premiere institution for setting college counseling standards and accrediting college counseling centers. At eleven public peer institutions, five are accredited by IACS and six are not. This study utilizes a combination of interview data, as well as comparison of counseling center policies and services, to investigate whether accreditation status impacts the policies and services offered at college counseling centers. The policy comparison found that there was no significant difference in compliance to IACS standards between the sample that was accredited versus the sample that was not. Data from interviews with counseling center staff was utilized to contextualize these results and discuss perceived benefits and costs of accreditation. After summarizing the main findings, the conclusion outlines how counseling centers can use this information going forward to assess their own policies and accreditation processes, as well as how further research can expand on details and trends from this study.

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**Table of Contents**

|   |           |
|---|-----------|
| <b>Abstract .....</b>                     | <b>2</b>  |
| <b>Acknowledgments .....</b>              | <b>3</b>  |
| <b>Chapter I: Introduction .....</b>      | <b>5</b>  |
| <b>Chapter II: Literature Review.....</b> | <b>11</b> |
| <b>Chapter III: Methods.....</b>          | <b>18</b> |
| <b>Chapter IV: Findings .....</b>         | <b>25</b> |
| <b>Chapter V: Conclusion .....</b>        | <b>37</b> |
| <b>Appendices .....</b>                   | <b>42</b> |
| <b>References.....</b>                    | <b>50</b> |

## Chapter I: Introduction

The Center for Collegiate Mental Health (CCMH) has found that use of college counseling services increased by an average of 30-40% between 2009 and 2015, while enrollment increased by only 5% during the same period. This upward trend in usage also parallels the pattern of increased use of counseling services prior to attending college (CCMH, 2019). Researchers associate these trends with two potential explanations: increase in counseling services may be a result of reduced stigma around seeking psychological services and/or higher education has become a more accessible option for students with existing mental health conditions. The rise in anxiety and depression symptoms seen among college students has also been widely identified and research has connected the trend to increased expectations placed on college students, distress caused by the internet and 24/7 news cycle, as well as intergenerational trauma (Gross, 2019).

In addition to existing trends, the COVID-19 pandemic has exacerbated mental health concerns among college students. A survey by the Centers for Disease Control and Prevention found that about one-quarter of 18 to 24-year-olds surveyed had “seriously considered suicide” in the last 30 days (Czeisler et. al, 2020). Various other surveys have found that symptoms of anxiety and depression among this demographic were higher during the pandemic than in previous years (Anderson, 2020).

Funding and service expansion at college counseling centers has lagged this growth in utilization rates, causing a gap between services offered and services needed. CCMH concluded that schools, more specifically those with higher student enrollment, face increased demand for services. In these situations, counseling centers often ask staff to serve more students, implement waitlists, or change the service offerings available to students. The 2018 Association for

University and College Counseling Center Directors (AUCCCD) survey found that the maximum number of clients on a waitlist at one time for colleges with enrollments greater than 15,000 was an average of over 100 students. The average wait time for this set of colleges was just under eight days (LeViness et. al, 2018). Policies that are created to cope with a resource gap may act as a barrier to entry for students who need psychological services. CCMH found that institutions with a high standard caseload per counselor saw significantly less improvement in depression, anxiety, and general distress experienced by students seeking services (CCMH, 2019).

Additionally, college counseling centers must balance obligations to students, institutions, and funders which can sometimes have conflicting priorities. To ensure that counseling centers are serving students effectively, especially when facing resource constraints and conflicting loyalties, accountability mechanisms need to be in place to evaluate the policies and standards of counseling centers. This thesis seeks to contextualize one method of accountability that is currently embraced by counseling centers at institutions of higher education: counseling center accreditation.

### **The Key Question**

The key question of this thesis is: What is the impact of accreditation by the International Accreditation of Counseling Services (IACS) on the counseling center policies and services at eleven public peer institutions?

There is little existing literature on accreditation among college counseling centers, and currently no existing literature that connects accreditation to differences in policies and services offered by counseling centers. This thesis will investigate policies and services of centers in

connection with accreditation to see if this status makes significant changes to the centers, or if the accreditation may serve purposes outside of policy decision-making.

The focus of this research is on a large, public university and its ten public peer institutions, half of which are accredited. Analyzing these institutions will provide context into these gaps in existing research. IACS is of particular interest in this thesis because it is the only international organization that focuses solely on accrediting professional counseling centers on campuses of higher education. The IACS accreditation indicates that the university allowed a team of counseling professionals to review and certify that its services meet the “highest established standards in the field” (IACS, 2019). IACS is seen as a reputable accreditation and often acts as a basis for policy recommendations for college counseling centers (Herr, et al., 2006).

### **Background/Historical Context**

The roots of IACS date back to 1949 with the creation of a committee in the National Vocational Guidance Association, which set quality standards for vocational counseling agencies. The American Personnel and Guidance Association (now known as the American Counseling Association) was created in 1952 and took over the responsibilities of evaluating and reviewing centers every two years. In 1957, the Committee was renamed the American Board on Professional Practices (later the American Board on Counseling Services) and their role expanded beyond just vocational counseling standards. The criteria for counseling organizations eventually grew and three different sectors were designated: universities and four-year colleges, junior colleges, and private counseling services. In March 1971, IACS was established as a separate entity to administer accreditation programs, but remained an affiliate of ACA until 1993 (IACS, 2019).

IACS guidelines were first established in 1970 and are updated at least every ten years in order to reflect changes that occur in the field of counseling. IACS has a Board of Accreditation whose members work at accredited centers and volunteer their time to help develop and maintain the standards for evaluation (IACS, 2019). Additionally, IACS cited work conducted in the *Journal of Counseling and Development*, *The Personnel and Guidance Journal*, *American Psychologist*, and the Higher Education Mental Health Alliance in the most recent standards. The appendix of the IACS standards also references ethical statements and professional practice guidelines for the field of counseling and psychological services (IACS, 2020).

There are a small number of other accreditations that focus on counseling practices that serve student populations. The Council for the Advancement of Standards (CAS) has published standards for all student service areas, including “Counseling Services” which has been revised since 2019 (CAS, 2020). The standards enforced by IACS tend to be more rigorous than the CAS standards. The California Counseling Center Directors chose to adopt the IACS standards as minimum standards for university counseling services practice, feeling they were more appropriate than the CAS standards (Aiken, 1985).

Though not specific to college counseling centers, there are a variety of other counseling accrediting bodies that influence the counseling profession at-large, and that accredit some of the sample institutions in this research. Two additional accreditation organizations that are endorsed by the American College Health Association are the Accreditation Association for Ambulatory Health Care (AAAHC) and the Joint Commission for Ambulatory Health Care (JCAH) (Brunner et. al, 2014). Both of these accreditations focus on college health services generally, but include standards that are relevant to counseling centers. Though these accreditations have significance



to the counseling profession at-large, since they are not specific to college counseling centers, they were not analyzed for this research.

### **Significance for Public Policy**

As policies continuously change at counseling centers, and best practices are still being established, it is essential that decision makers understand how their policies compare to colleges with similar characteristics, especially during an unprecedented mental health crisis like the COVID-19 pandemic. Accreditation standards give a baseline of what is considered good practice from counseling centers and allow for greater accountability. If accreditation is associated with greater compliance to best practice policies and services offered, it may become more of an expectation of counseling centers. Additionally, if accreditation is associated with increased budgets and advocacy abilities for counseling centers, it may motivate more centers to seek the accreditation. If accreditation is not associated with well-defined benefits, perhaps acting as more of a signaling mechanism, this revelation is impetus for finding other methods of counseling center accountability.

Since communication and expectation-setting are some of the essential components outlined by counseling accreditation organizations, the data collection methodology used in this research also provides policy significance for schools. If their policies were not easily accessible via their websites or web search, it is likely that students are unaware of or cannot easily access such policies. This choice in analysis allows counseling centers to assess how transparent their policies are to students or other stakeholders who may be utilizing their website. Since this research was conducted during the 2020-2021 school year, when many colleges around the United States were navigating telehealth options to lower the spread of COVID-19, it was an even more beneficial time for counseling center websites to have policy and service

transparency. As society increasingly leans on digital communications and advertising, it is essential that counseling centers have navigable and informative websites that help students with making care decisions.

### **The Chapters that Follow**

To give greater context regarding previous research on accreditation, Chapter 2 will provide an overview of existing literature on counseling center accreditation and policies. The chapter will also address the gap in literature that this research study seeks to address. Chapter 3 will address the research design of this study including how data was collected for analysis. Chapter 4 discusses the results of the research, highlighting the impacts of counseling center accreditation on practices and policies of this sample of college counseling centers. This section will summarize the results of a comparative analysis of counseling center policies across eleven peer institutions and the insights provided by interviews of counseling center staff members. Based on the results of the research, Chapter 5 outlines policy recommendations for public colleges and universities that will help them better assess their policies and practices and how accreditation may impact their center. This chapter also presents proposals for future research that can build off this analysis.

## **Chapter II: Literature Review**

### **Background and Context**

The bulk of existing literature regarding counseling accreditation focuses on counseling education programs and certifications of counselors. There is little existing research regarding counseling center accreditation and how it impacts the accessibility of policies and services provided.

Accreditation of counseling education programs, as well as accreditation in other areas of the health industry, helps to define some of the potential benefits or concerns that arise because of accreditation. Counseling education accreditation, such as in the case of the Council for Accreditation of Counseling & Related Educational Programs (CACREP), is seen as establishing credibility and holding education programs to standards that are relevant to practice. A survey of institutional representatives from both accredited and non-accredited institutions found that the CACREP standards were important to the profession (Vacc, 1992). This information points to how established standards can promote better practice and cohesion across various centers. Accreditation programs like CACREP have also conducted their own surveys of relevant stakeholders so that they can make standard revisions and changes in organization structure as the field of counseling services changes (Bobby and Kandor, 1992). This ensures that their accreditation remains ahead of changes and innovations in counseling education.

In general, the field of healthcare values accreditation as a way of improving performance and practice. A meta-analysis conducted in 2012 found that healthcare accreditation standards improve organizational efficiency as well as work conditions for staff. However, the impact on clinical quality had mixed results, with some reports showing improvements and others showing a lack of measurable effects (Greenfield et al., 2012). Whether or not accreditation makes an

impact on the actual practices and services provided to clients is an essential question that needs to be addressed in all areas of healthcare.

### **IACS and Policy Recommendations**

The IACS standards are well-utilized in higher education counseling research as the comparison point for good practice. In their guiding framework for how counseling administrators should navigate decisions in their counseling center, Herr, Heitzmann, and Rayman suggest accreditation as a method of accountability. They state that IACS “has for decades been the standard by which counseling centers assess their ability to meet professional guidelines that hold them to the highest level of professional development” (Herr, et al., 2006, p. 125).

Research that references the IACS accreditation primarily uses it as a basis of guidance and policy recommendations. IACS is touted for its practice of updating and revising standards as counseling practices adjust (Bishop, 2016). Some researchers go so far as to say that the IACS standards are “essential in a counseling center that provides high-quality services to students” (Boyd, et al., 2003, p. 81). The major disadvantage that has been cited in relation to the IACS accreditation is the cost (Archer and Cooper, 1998). Currently, IACS charges \$750 as an application fee, \$750 as a site visit fee, \$150 every 8-year term for a re-evaluation fee, and rather \$1,500 (for institutions with enrollment of 7,500 or less) or \$2,250 (for institutions with an enrollment of over 7,500) every 8-year term for the renewal site visit, as well as \$1,600 per year in annual dues (IACS, 2019).

Until 2016, the AUCCCD Annual Survey asked their sample of college counseling center directors questions about their center’s IACS accreditation status and perceived costs and benefits. In 2016, the AUCCCD survey found that 25.9% of the directors reported that their

center was accredited by IACS. 67.0% of directors stated that their center was not accredited at all and 7.1% said that they were accredited by another agency (Reetz, et. al, 2016). The directors were also asked to select reasoning behind their center's choice to be accredited or not accredited by IACS.

Of directors who stated that their center was accredited by IACS, 23.6% said that is was due to "quality assurance/ external validation/ standard of practice/ compliance with national standards," 18.3% stated it was to "enhance credibility/ status on campus," 14.9% stated it provided "evidence of commitment to international standards," 16.6% said that "IACS aids in arguments for staff and other funding increases," 14.0% said that it was because the accreditation was "valued/ respected by administration/ supervisor," and 9.1% said it was for the "national recognition/prestige" (Reetz, et. al, 2016).

The benefit of quality assurance speaks to the policy and decision-making influence that accreditation can have on a counseling center. Enhanced status, evidence of commitment, and national recognition may reflect a new commitment to higher standards or it could be more reflective of the signaling power of an accreditation status. The benefits of greater advocacy power for staff and funding increases may point to advantages of the accreditation that would not be reflected in policy analysis, but relate to internal signaling within the college counseling center.

Of directors who reported that their center did not have IACS accreditation, 21.6% said it was due to cost, 19.3% said it was because they were a small center, 14.7% said the it was "not required/ not interested/ never applied," 10.6% said they didn't have time to complete the process, 9.8% did not see their center as meeting the minimum standards so they didn't apply, 9.6% said there was a lack of support or that it was not valued by administration, 9.5% said their

application was in process or that they were planning to seek it out in the future, 5.7% didn't see the benefit to accreditation, 4.2% said they were a single person center, 1.9% were not aware of IACS, and 1.3% stated the center itself was new (Reetz et. al, 2016). The majority of these reasons point to limiting factors of the counseling center with only a small percentage citing a lack of value in the accreditation. Though these centers are not accredited, this seems to point to a generally positive association with the IACS accreditation status.

IACS itself cites the following benefits that are achieved through their accreditation: 1. Benefits from external peer review and validation, 2. Enhances the status of the center in the university community, 3. Validates compliance with national standards and best practices, 4. Manages risk, quality assurance, and accountability, 5. Refines operations and policies, 6. Enhances staff recruitment, 7. Leverages the center's budget needs, 8. Strengthens credibility and prestige, 9, Expands networking resources, and 10. Ensures the mental health care provided to students meets the gold standard (IACS, 2019).

### **Benefits of Accreditation**

Accreditation of counseling services as an individual entity on college campuses is a relatively recent development. Few studies have analyzed the potential benefits of such services, but the few that have cite that the accreditation increased professionalism, status, internal services, and ability to advocate for more resources (Morgan, 1986; Morgan, 1992). The existing literature lacks in how these accreditation standards shape and differentiate policies at the institutions that have accreditation status.

Accreditation, as a mechanism for accountability, is cited as increasing professionalism, which is a central goal of the counseling profession. Professionalism in the counseling industry has the following aims: (1) to protect the public welfare; (2) to improve the counseling

profession, and (3) (because most counseling services offered are utilized on a voluntary basis by clients) to paint counseling in a positive light so it appeals to stakeholders (Morgan, 1986).

Accreditation acts as a method for ensuring that these standards are upheld within a counseling organization. These aims are publicly expressed through the pursuit of accreditation, which often requires specified criteria and evaluation by professionals in the field of psychological services.

In this way, the accreditation acts a signaling mechanism that the counseling center is dedicated to these goals of professionalism.

Other benefits found in research studies were that counseling centers gain a more complete understanding of their agencies' strengths and weaknesses and that working conditions for staff members improved (Morgan, 1992). These cited benefits parallel with those found in the healthcare services meta-analysis by furthering the connection between accreditation and increased effectiveness of internal practices. However, how accreditation impacts services to constituents because of these cited benefits has yet to be determined.

### **Signaling**

Though not a concept that is unique to accreditation, literature on signaling may provide insight into the cited benefit of prestige associated with accreditation status. Signaling has been cited in both business and educational circles as a theory that explains the demand for certifications, warranties, and accreditations. Effective market signals are an investment that convey to customers (or other relevant stakeholders) that a product or service is above average in quality. For this signal to work, it must be from a reliable source and it must come at some cost to the organization (otherwise anyone would attempt to obtain it).

The signal does not negate the work put into obtaining the signal, but does point to the idea that the signal (accreditation, certification, etc.) adds additional value to the product or

service that would not be obtained just from doing the necessary work without the signaling body. If college counseling centers with accreditation do not vary in services and policies from their non-accredited peers, the perceived benefit of accreditation may be the signaling mechanism. There is inherent value in that counseling centers are subjecting themselves to the process of accreditation, therefore incurring a cost and accountability, but there is not sufficient evidence that this cost actually improves services or policies; however, the perception of accreditation by stakeholders both within and outside of institutions is that the accreditation does reflect better policy.

Though signaling has not been researched in the context of college counseling centers, it has been explored in the field of healthcare generally. A study conducted by Sverre Grepperud found that hospitals had no evidence about the effectiveness of accreditation on outcomes; however, because the healthcare market believes the accreditation makes a difference, it is beneficial for hospitals to obtain such certification (Grepperud, 2015). In the same way, there has not been research conducted on the impact of accreditation on services or effectiveness of counseling centers. If accreditation acts more effectively as a signal rather than a method of accountability, it will be important for counseling centers to evaluate those tradeoffs and what accountability mechanisms may be the most effective.

### **Gaps in the Literature**

As utilization of college counseling centers increases, it is important to analyze potential accountability mechanisms that ensure centers are adopting best practices to serve students (Redden, 2020; Lipson et al., 2018; Brunner, et al., 2014). Existing literature shows that there is a major gap in investigation of the benefits of accreditation in the healthcare industry at large, and particularly in the field of mental health and college counseling services. Though surveys



have provided some insight into perceived benefits of accreditation, they focus primarily on administrative and resource-based needs, not on the characteristics of counseling centers that most impact the students served. Analyzing policy and service offerings and differences across an evenly divided cohort of counseling centers provides insight into the impacts of accreditation status on these characteristics.

This research study seeks to identify if there are major differences between the policies and practices of counseling centers who are accredited and those who are not accredited. Additionally, the study will identify why centers apply for accreditation and the costs and benefits experienced by the individual counseling centers. The study builds on previous research of benefits of accreditation and provides new research on policy differences between accredited and non-accredited centers.

### **Chapter III: Methods**

This thesis utilizes two methods to contextualize the impact of accreditation on the accessibility of college counseling centers: interviews and a case study of a large, public university and its ten public peer institutions.

#### **The Case Study Method**

This research is a comparative case study that investigates the impact of accreditation by IACS on the counseling center policies and services offered at a large, public university and its ten public peer institutions. The critical instance for a case study is a unique case of interest that provides the base of comparison to evaluate a program or strategy (Grosshans and Chelimsky, 1990). In this research, the critical instance counseling center was used as the basis for investigating ten other public peer institutions, of which half were IACS accredited and half were not.

The case study methodology facilitates an in-depth investigation of counseling center practices in relation to the standards established by the IACS. The case study provides greater context into whether the accreditation is associated with any variation in policies across the established sample (Ragin, 1994). This case study is part exploratory (laying the groundwork for future investigation into how college counseling centers decide policies), but with a greater focus on the impact of the IACS accreditation on the policy and service offerings of counseling centers. This research investigated if the share of universities that have obtained IACS accreditation had a significantly different level of compliance to a sample of IACS standards compared to the compliance at the non-accredited universities. I compared the compliance results across accreditation status, as well among the individual standards, and supplemented these results with context given by my interviews with counseling center staff members.

The comparative aspect of the case study allowed study of the attributes that were in common and combinations of conditions that differentiated between cases (Ragin, 1994).

Comparative analysis was used to identify any combinations of policies that were unique to the counseling centers that were accredited or among those that were not. Though causality cannot be proven through this method (variation between the accredited vs. non-accredited centers among a group of peer institutions) a relationship can be displayed between the accreditation status and differences in compliance scores.

### **Sample**

This case study utilizes the counseling and psychological services center of a large, United States public university as a critical instance. This university is seen as a high-profile and academically rigorous institution, which provides both opportunity and potential stressors for students. As a public institution, it faces budget constraints and larger student populations than private peers. These conflicting factors can lead to hard decisions made by administration, particularly in how they allocate money and services. This institution is not accredited by IACS.

To explore variation across cases/universities, the sample also included ten public peer institutions that were identified by the critical instance university. The public peer institutions span a variety of geographic locations across the United States and have been identified by the critical instance university as institutions that are comparable in characteristics. The academic rigor and status of the critical instance university is likely consistent with the peer institutions identified, placing students in similar positions of stress. Since I am investigating the impact of an intervention (the accreditation), the schools who did not receive/have not sought out accreditation can act as a control to the schools who did receive accreditation (which acts as a “treatment”). Five of the identified public peer institutions have been accredited by IACS and the

other five have not, allowing for balanced comparison of whether there is variation across the two groups.

## **Interviews**

Interviews were conducted with a sample of representatives from the college counseling centers in the study. All interviews were conducted remotely, and the questions asked were based on the accreditation status of the organization the interviewee represented. All of the staff members who participated held the same position title at their respective counseling center. Given the nature of the questions and the proximity of the subject to the jobs of interviewees, all staff members interviewed anonymously.

Interviews of counseling center staff at each of the colleges in the sample were conducted to gain information on why counseling centers seek accreditation and what potential costs or benefits are perceived to be associated with the status. Counseling center staff who represented centers accredited by IACS were asked questions about why they sought accreditation and what changes the counseling center has made because of the accreditation process. Staff members who represented centers not accredited by IACS were asked questions regarding whether the center ever considered IACS accreditation, why they do or do not seek accreditation, and how their existing policies and services were determined.

The transcripts of these interviews were then analyzed to find any distinct patterns across the sample. The thematic analysis took an inductive approach of allowing data gathered from interviews to determine the themes that were present. Interview transcripts were individually evaluated, with different sections of text being coded with specific themes that described the content included. The transcripts were then analyzed as a collective, and the consistent coding patterns were grouped together to form the themes of barriers, perceived benefits, influence of

research organizations, and impacts on innovation. The interview responses have been utilized to help explain the results of the policy analysis.

A copy of the interview questions for each type of counseling center is included in Appendix A.

### **Comparative Policy Analysis**

To analyze variation across policies and standards of the eleven peer institutions, twelve guidelines outlined in the IACS standards were selected and entered into a data table. The eleven peer institutions constituted the rows and the outlined standards of the IACS accreditation served as the columns. This table was utilized to compare the policies and practices that are required for IACS accreditation among schools who did have the accreditation status versus those who did not. IACS has 5 main categories of standards with 42 subcategories of criteria for accredited institutions (IACS, 2020). Though there are various logistical standards required for accreditation (confidentiality requirements, handling of documents, etc.), the analysis in this research was restricted to the standards that could be analyzed using publicly available data sources. To maintain consistency across the sample, only official webpages of the universities were used to extract data. The final table of counseling center research is included in Appendix B. The numerical labeling system attached to the standards in the table are reflective of the numbering used by IACS.

For each university counseling center, I began at the homepage of the counseling center and read through each section of their website. If an accreditation standard was unable to be found on the website, I then searched for that information via other official university webpages. Each aspect of the standard was researched and entered into the data table if the research confirmed compliance. Compliance with IACS standards was then compared among schools

with accreditation and across the two groups. With this method, I was able to analyze common patterns and differences by accreditation status.

To establish the outcome of interest (differences in policies and services across counseling centers) I categorized the policies as compliant (scored as a “1”) or non-compliant/unable to be confirmed (scored as a “0”) based on the standards established for IACS accreditation. If a standard could not be confirmed by an official university website, the counseling center received a “0” for that section. If any part of the IACS standard was non-compliant, or unable to be found via official university information, the counseling center received a score of “0” for that standard. For example, having a staff-to-student ratio that is larger than recommended by IACS standard would be categorized as “non-compliant” and received a “0” for that column. A staff-to-student ratio at or below the recommended standard was classified as “compliant” and received a “1” for that column. All justifications of scoring are included in the data table in Appendix B. The sum of these scorings resulted in a “compliance score” for each counseling center and for each standard. To examine variation, I compared “compliance scores” across schools with IACS accreditation to those who do not have accreditation. Additional analysis was conducted to investigate potential patterns in the individual standards across counseling centers.

### **Limitations of This Study**

Three limitations of this study are the sample of standards, the use of binary variables, and the sample of institutions. The IACS accreditation has 5 main categories of standards, with 42 subcategories. Some of these subcategories include additional guidelines for evaluation (IACS, 2020). Analysis of only twelve of these standards cannot give a complete picture of the impact of the accreditation on the counseling center as a whole. The main focuses of the

standards that were not included in this analysis are on administrative accountability and ethical standards. These are both areas that, though they may not have outward-facing influence on access to services, have a role in the legitimacy and efficiency of counseling centers.

The twelve standards utilized are measures that focus primarily on the services and resources offered to students. Given the impact that college counseling centers have on student success and how services offered can alter that impact, these standards were seen as particularly pertinent for the focus of the research. Because they are public-facing policies, there may be greater impetus to have them meet the best standards of the field since there is public accountability. It is possible that though these standards did not reveal variation in compliance between accredited and non-accredited institutions, there may be variation amongst the standards that are more administrative in nature.

In assessing compliance to standards, I utilized a binary “0” or “1” variable to classify whether the standard was met by a counseling center. This reflects whether the center met the minimum of the standard that is needed for accreditation. The binary variable is limited in its ability to reflect variation above or below the minimum requirement. Specifically, the variable will not reflect whether institutions exceeded expectations above the standard required, or if they fell far below what was required of the standard. The explanations of each compliance rating are outlined in Appendix B and variation between compliant and non-compliant scorings can be analyzed with the available information. This variation above or below the minimum standard is not reflected in the results of this research analysis. Though only the minimum is acquired for compliance, understanding the variance within standard compliance is of note for future research.

Additionally, eleven public peer institutions were utilized in this study to provide a more in-depth analyze of the conditions surrounding each center's policies and compliance to IACS standards. Public colleges and universities have different funding structures and capacities than private institutions. Though these institutions spread over a variety of geographic locations, all eleven are large institutions that are considered prestigious and have similar characteristics. The analysis and context provided by this study may not reflect the impact of accreditation on college counseling centers as a whole. There may be characteristics of this set of institutions that make the counseling centers investigated uniquely different than other centers.



## **Chapter IV: Findings**

The following chapter outlines findings from the policy comparison conducted of eleven public peer institutions. The results were aggregated from publicly available information collected from official university websites of each of the peer institutions. These policies were then scored based on compliance to twelve IACS standards and totaled for a “compliance score” for the counseling center. A statistical analysis is included to address the significance of the compliance scores across institutions and policies. Interviews were conducted with staff members from a sample of the peer institutions to provide counseling center perspective on accreditation and impacts that are not as easily observed via the policy analysis.

The qualitative data approach allows for better understanding of the nuanced complexity of accreditation decisions and impacts across college counseling centers. The following findings are not representative of all United States public college counseling centers. Instead, the research provides qualitative documentation and analysis of how accreditation has impacted the peer institutions and interview participants who kindly shared their own experiences.

### **Policy Comparisons**

Analysis of compliance to IACS standards across twelve criterion revealed little to no variation among counseling centers with accreditation versus counseling centers without IACS accreditation. This aligns with the meta-analysis conducted on the general mixed impacts of medical accreditation on services and policies (Greenfield et al., 2012). Of the twelve standards used for evaluation, seven were achieved by all eleven peer institutions. Three of the standards had institutions in both the accredited and non-accredited subgroups that did not fully comply to the standard or that didn’t have complete information on official university websites. Two

standards were noncompliant for a single counseling center: one from the accredited group and one from the non-accredited group.

Some of the counseling centers in the sample that are accredited by IACS did not score a “1” on compliance for every category. The logistical reason for this is that IACS uses certain language in their standards that indicates a mandate versus a goal for counseling centers. If the standard uses the word “must” it is a requirement of the center to maintain that standard (these are typically related to ethical standards). If the standard uses the word “should,” the guidance is not required, but this is a goal that a center should strive for and an evaluation will be conducted of the efforts to achieve that goal (IACS, 2019).

Counseling centers with IACS accreditation received an average compliance score of 11 and the counseling centers who were not accredited by IACS received an average compliance

**TABLE 1: Compliance Scores of Peer Institutions**

| School                 | IACS Accredited | Compliance Score |
|------------------------|-----------------|------------------|
| Institution 1          | No              | 11               |
| Institution 2          | No              | 12               |
| Institution 3          | No              | 12               |
| Institution 4          | No              | 11               |
| Institution 5          | No              | 9                |
| Institution 6          | No              | 11               |
| Institution 7          | Yes             | 12               |
| Institution 8          | Yes             | 10               |
| Institution 9          | Yes             | 12               |
| Institution 10         | Yes             | 9                |
| Institution 11         | Yes             | 10               |
| Non-Accredited Average |                 | 11               |
| Accredited Average     |                 | 10.6             |

score of 10.6. Both scores were out of a potential 12 total points. Individual compliance scores for each institution, as well as the subgroups averages are shown in Table 1. A complete analysis of the scores by institution and

reasoning behind each score can be found in Appendix B.

A t-test was conducted to compare the difference in mean compliance scores between the non-accredited institutions and the accredited institutions. A t-test is a statistical test that

compares the means between two variable groups (in this case, by accreditation) and determines if there is significant difference. The test is able to assess the hypotheses of differences between the two groups. The results of the t-test are shown in Appendix C. The t-test calculated a t-value of 0.5455 and a p-value of .5987. The results of the t-test show that there is not statistically significant difference between the compliance scores of the two groups. Since the p-values for the test are not  $p < 0.05$  (the standard p-value to reject the null hypothesis), we cannot assume that the accreditation status has significant impact on compliance to standards.

T-tests were similarly conducted on the five standards that did not reflect compliance by the entire set of peer institutions. Since the other seven standards had full compliance by the peer institutions, there was no variation for the test to analyze. The five t-tests were unable to produce a p-value that was close to the  $p < 0.05$  criteria for rejection. Therefore, we cannot infer that accreditation status has significant impact on the compliance to any one of the standards that were used in this analysis.

### **Interviews with Counseling Center Staff**

Though the policy comparison was unable to find statistically significant variation among compliance to IACS standards, interviews with a sample of staff members at the peer institutions provides context to why this may be the case. When speaking with staff members at institutions that have not sought out IACS accreditation, they each noted that IACS is seen as the accepted standards of the field of college counseling and they therefore reference the standards or take them into consideration when there is a decision-making process.

### **Barriers to Accreditation**

When speaking to staff members from counseling centers that have not obtained the IACS accreditation, two main reasons were cited for why the centers have not yet sought out the

accreditation: 1. The structure of the counseling center requires a certain accrediting system over the IACS process and 2. There is not yet the bandwidth at the counseling center to feel like they can begin the process of accreditation.

There are different structures of college counseling centers and a variety of kinds of relationships the center may have to their surrounding institution. One criteria of IACS is that the counseling center must have at least two full-time staff members, which is why “single person center” was cited as a reason for not having the accreditation by directors in the 2016 AUCCD survey (IACS, 2020; Reetz, et. al, 2016). None of the peer institutions in this study are single person centers.

Structure did, however, influence the decision-making process as described by one interviewee. One staff member cited the merged nature of their center with the institution’s overall student health services. For this reason, the center is required to already meet the accreditation standards of a general health services organization. The Council for the Advancement of Standards, the Joint Commission on Accreditation of Hospitals, and the Accreditation Association for Ambulatory Health Care are all examples of accreditation organizations that focus on college health services and include standards for counseling centers. IACS encourages merged centers to apply for their accreditation as well since their standards may differ, particularly in the less medicalized policies of centers (IACS, 2019).

The interviewee noted that since the center was already mandated to meet the accreditation standards of the overarching organization, it was hard to justify the extra money to pay for the IACS accreditation. Additionally, some health services accreditations require reporting and site visits every two years. Managing multiple accreditation processes may put additional resource constraints on counseling centers. The choice between which accreditation to

prioritize is also dependent on the priorities of the institution. One interviewee noted that there is often a trade-off in the decision between overall health and mental health-specific accreditations: “[Merged centers]...will get one or the other. And the health always trumps the counseling, usually.”

Another reason that some of the peer institutions have not sought the IACS accreditation is due to concerns of resource management. As noted previously, the accreditation process for IACS requires both a monetary fee, as well as site visits. Counseling centers that were in a period of transition felt like they didn’t have the staff or capacity in which to take on the accreditation process. For schools who are facing any form of budget or resource constraint, there may be time and resource barriers to even beginning the accreditation process.

One staff member noted that the IACS accreditation was a priority for their center in the future due to its focus on the student experience, especially in the midst of competing budgetary and insurance constraints faced by college counseling centers. They also noted the value of consistency across college counseling practices: “I think the main value is that there is a standard of care that is more consistent across the world in how to provide clinical care to college students.”

#### Perceived Benefits of Accreditation

When speaking to counseling center staff about the perceived benefits of the IACS accreditation, responses fell into the following categories: administrative accountability and prestige.

Multiple staff members from accredited counseling centers noted specific examples of times in which the IACS accreditation guidelines allowed them greater authority in keeping their counseling center accountable to certain standards. If institutional decisions are not in line with

counseling profession priorities, the centers were able to use the IACS standards as justification for furthering goals of the center. This was particularly salient to interviewees when discussing the need to advocate for independence from other administrative institutional bodies. One interviewee noted that the accreditation “allows us to really say how to 1. love the accountability, but it also helps us frame our story, particularly with those [IACS] annual reports. So we can really begin to have those conversations with our administrative folks around those points in IACS annual reports that we submit.”

Another benefit that was cited by accredited counseling center staff members was the added prestige of being an IACS accredited center, both in the perspective of their institution and in the counseling community at-large. Interviewees noted that aligning themselves with the organization that is considered the premier standard in college counseling gives their center more power in institutional circles (allowing them more influence) and in recruitment of new staff members.

This perceived benefit of prestige aligns with signaling theories that may apply to accreditation. Interviewees noted that the IACS accreditation, or accreditations generally, were a priority of administrative bodies at their institution. Accreditation status maybe be acting as an internal signal for the counseling center to prove dedication to certain values or standards to institutional leadership. Often the sustainability of centers or of certain projects depends on administrative support. Accreditation status may aid in promoting counseling center efforts if accreditation is a valued status by institutional leadership.

#### Influence of Research Organizations

In the interviews, counseling center staff members were asked about the process for developing policies and services at their center and what considerations were made. Centers that

have some form of accrediting body – IACS, The Joint Commission, and American Psychological Association were specifically cited – use the guidelines laid out from those organizations to help shape objectives and policies. Many staff members also outlined the internal process of meeting with a variety of staff members, students, and community mental health professionals.

Throughout the interviews, multiple counseling center staff members mentioned the influence of the Center for Collegiate Mental Health (CCMH) report in influencing their counseling center’s policy goals and actions. CCMH is a research network that works out of Penn State University to create a database of college mental health data from participating counseling centers. All eleven public peer institutions participate in the CCMH report. Outside of providing the data to institutions and researchers, CCMH creates its own summaries of the data, and was integral in the creation of the “clinical load index” which is a new and growing method of measuring caseload (CCMH, 2021). One interviewee stated that CCMH is “definitely a voice as far as the data is concerned, around counseling centers and the effectiveness of our work as centers throughout the country.”

Another research organization that was referenced by multiple interviewees was the Association for University and College Counseling Center Directors (AUCCCD). The AUCCCD study is a more internalized study that surveys counseling center directors at a variety of institutions. The organization publishes an aggregated public data report of the research, but also provides participating institutions with the opportunity to attend an annual conference, have access to position papers, and obtain access to their “Directors’ Toolkit” that consolidates resources for a large list of counseling center topics. Ten out of the eleven peer institutions participated in the 2019-2020 AUCCCD Annual Report.

The insight that this interview theme reveals is that there may be a rising trend in the reliance on research organizations as a method of accountability for centers. Though the research organizations keep a public list of participating counseling centers, participation in the studies is not as publicized as accreditations may be. As of now, research participation seems to have a large influence on the direction of policy and service decisions, without the signaling benefits. The focus on research and data comparison may continue to grow and become more influential to college counseling centers. This may be a particularly beneficial trend for counseling centers who are in a merged model with more medicalized accreditation.

### Considerations of Innovation

Another theme throughout the conversations with staff members of IACS accredited counseling centers was that of flexibility in the IACS process. This flexibility may explain the reasons for why there was not full compliance by accredited institutions to the all of the sample standards. One staff member of an IACS accredited counseling center noted, “They’re there to help...They want to support an institution to become better and it’s never felt punitive or felt sort of as a threat...It feels like a peer institution and it brings our peers together to say, ‘What can we do differently?’”

This flexibility and support was also discussed in interviews around the topic of innovation. The IACS standards are reviewed continuously to ensure that they remain current with the standards of the field of counseling, so the accrediting board can amend the standards as warranted; however, the standards are typically revised every ten years (IACS, 2019). The consistency of standards is beneficial to both the organization and to peer institutions, as it doesn’t cause confusion with constant changes and updates. The threat to the more consistent



nature of official accreditation processes is that actual counseling methods and research may be changing more rapidly than the standards can update.

During the interviews, the topic of innovation came up as a potential next step for accreditation organizations in reflecting on ways they can improve. One interviewee noted: “I think there is often a tension between accrediting standards and innovation...So that's the one general principle I see that works against accreditation is they can tend to be outdated and might stifle innovation. On the other hand, they guard against quackery. So how do you find that balance?” This statement points to one trade-off that the college counseling profession must assess as they grapple with the purposes and value of accreditation.

One interviewee provided the perspective that commitments to innovation don't need to be antithetical to the goals of accrediting bodies. They also noted that prioritizing innovation may help the counseling profession with addressing structural issues of equity and inclusion:

You know, IACS leaves room for that, but what I would love to see is that a standard actually supports proactively innovation as opposed to just "Oh, we know the best things. That this is best practice." And my response to that is, "According to whom?" Especially when we talk about raising equity, inclusion, and diversity. These are Eurocentric standards, white sort of standards of care, often based in medicine... I would love accrediting agencies to just find a way to be more deliberately supportive of innovation.

This quote points to a tension in the accrediting process of institutions in that they may not be able to update or change structurally in ways that are more reflective of changing research practices or societal knowledge. As mentioned previously, this dedication to innovation must also be paired with accountability and a priority of student well-being, which is an area in which

accrediting bodies can use their expertise to enforce. Accrediting bodies tend to have a great focus on accountability to ethical standards of a field, so incorporating more effective ways of measuring and tracking innovation may allow accrediting bodies to become more relevant in light of innovating standards.

This focus on innovation and continuous reflection may also point to a benefit of the research organizations mentioned previously. Both CCMH and AUCCCD collect data and create reports on an annual basis, so the information is constantly reflecting the changes to data needs and to the counseling field. This allows them to be thought leaders on new innovative practices and measures for college counseling centers. The downside to these organizations is that they don't have the accountability mechanism to enforce compliance to innovative practices. Research organizations at the very least provide valuable insight to counseling center that allow them to shape internal policies and services in ways that still match requirements put forth by accrediting bodies.

Additionally, the comment made about Eurocentric standards points to the counseling profession's historical roots of white supremacy that the field at large has been called upon to acknowledge. The counseling field, and its subsequent standards for education, licensing, and best practices, were first created by and for a white, middle-class audience. Because of this focus, best practices have been defined by Western, individualistic characteristics. Early standards of the profession ignored environmental factors and cultural experiences, therefore disregarding the mental health impacts of racism and sexism (Katz, 1985).

Though the Eurocentric roots of the counseling profession and its established standards of care cannot be fully explored in this paper, other works such as Vanessa Jackson's "In Our Own Voices: African American Stories of Oppression, Survival and Recovery in the Mental Health

System” and Mensah, et. al’s “Racism and Mental Health Equity: History Repeating Itself” provide a more thorough analysis of this connection and the impact on current practices (Jackson, 2002; Mensah, et. al, 2021). The National Alliance on Mental Illness also created a brief overview of discrimination and race in mental health care in 2020 (Smith, 2020). Additionally, Stanley Sue, et. al have outlined the landscape of cultural competence in the counseling profession and steps that can be taken to bolster efforts in their work “The Case for Cultural Competency in Psychotherapeutic Interventions” (Sue, et. al, 2009).

### **Reflection on Literature**

The policy comparison was unable to find any statistically significant variation in compliance to IACS standards between peer institutions that were accredited by the organization compared to institutions that were not. There has not been previous research into the impact of accreditation status on policies, but this finding may show that the accreditation is not necessary in complying with the considered best practices of the field or that institutions follow the established standards, but do not seek the accreditation status due to a variety of barriers.

The findings from staff interviews revealed parallel findings to the survey of AUCCCD counseling directors in 2016 and to some of the outlined benefits that IACS advertises (Reetz, et. al, 2016; IACS, 2019). Barriers related to resource constraints and prioritization of other accrediting bodies were cited for why certain institutions did not seek out accreditation. Additionally, prestige and administrative accountability were cited as perceived benefits of the accreditation status. The benefit of prestige may align with previous research on the signaling nature of medical accreditations (Grepperud, 2015). The interview analysis also pointed to two new considerations for barriers to accreditation: the influence of research organizations and of innovation.

The next chapter focuses on how these findings may spark new considerations and deliberations for college counseling centers, as well as how future research can help better address the gap in literature surrounding counseling center accreditation.

## **Chapter V: Conclusion**

The results of the policy analysis found that there is no statistically significant difference in compliance to IACS standards between counseling centers that do have the IACS accreditation and counseling centers that do not. The following chapter provides recommendations to college counseling centers derived from the policy comparisons and interviews conducted with a sample of public peer institutions. The chapter concludes with addressing ideas for future research.

### **Steps for Accrediting Bodies**

One of the benefits of IACS standards for all counseling centers is that the standards are accessible to the public. For this reason, counseling centers can utilize the available information to inform the policies and service decisions made without the need for accreditation. As this research has shown, counseling centers who are not accredited by IACS still hold themselves to the standards and service policies outlined by the organization. Some noted that this was due to other accrediting bodies they were held responsible to, and others noted that they do consult IACS standards even though they do not yet have the resources to seek out the accreditation. Though IACS could privatize this information in order to make their own business more profitable, having the available standards provides a public service of allowing centers (and the general public) to compare themselves to what are known as the highest standards in the field of college counseling. One point of contention that accrediting bodies themselves may focus on in light of this study is creating greater access to accreditation (financial, time constraints, etc.) while maintaining the structure and influence that is needed to hold centers accountable.

Additionally, considerations of how an accreditation can be more supportive to innovative counseling practices may help an accrediting body become more relevant. New

standards can help in facilitating innovative services, particularly those that address diversity, equity, and inclusion efforts of counseling centers. It is also important for accrediting bodies to assess their current standards to identify any areas that may limit equity and innovation initiatives, while still ensuring compliance to ethical and safety standards.

Jonathan Rollins of *Counseling Today* put together opinions from a variety of professionals within the field of counseling and found a range of priorities for the future of the counseling profession. Some professionals pointed to the use of accrediting bodies as promoting consistency and quality, particularly as the profession moves towards telehealth options. Others noted how the medicalized nature of "best practices" are rooted in Eurocentric standards and often hinder the relational nature of the practice (Rollins, 2021).

Though the surrounding literature and interviews with counseling center staff found mixed opinions on the future of accreditation for the counseling profession, it will be integral to both accreditation bodies and counseling centers to assess concerns about equity and innovation going forward. Both bodies need to analyze whether the medicalized standards are beneficial to all clients served. The counseling profession as a whole must recognize how white supremacy and Eurocentric standards of care have permeated the discipline, and how future practices can reckon with that history to ensure inclusivity and effective care in the present. Actionable change may include reevaluation and revisions in standards by accrediting bodies, or it may include the emergence of a new form of quality assurance. The Multicultural and Social Justice Counseling Competencies (MSJCCs) that are used in counseling education programs may provide a good starting model for assessing and discussing the future of counseling center standards and practices (Meyers, 2017; Ratts, et. al, 2016).

### **Decisions for College Counseling Centers**

The primary onus is on the college counseling center profession to assess the influence of accreditation on moving forward in accountability and policy formation. All staff members that were interviewed noted an accountability process for policy and service choices. The accountability often came from some form of accrediting body, but there were also internal measures in place at centers (quality assurance, advisory boards, etc.) that provided oversight. The differences in policy formation at the peer institutions encourages reflection by the counseling community as to what may be the most effective methods of accountability and consistency in the profession. College counseling centers must evaluate the benefits of the third-party model of accreditations in comparison to internal models, as well as how to navigate the various accreditation options available. If there are significant differences between the standards of accrediting bodies, greater access and promotion of the ones most relevant to the field should be prioritized.

There should, additionally, be reflection by individual institutions as to if the accreditation services that they are associated with have an impact on their center through actual policy accountability, signaling, or some other mechanism. It is important to ask the question of whether the standards that the center is being held to actually challenge the center, or if the standards are ones they would be embracing outside of the accreditation context. This research study found that there is no significant variation in policies based on accreditation. There may be accountability that an accrediting body enforces beyond the scope of the standards investigated in this study. Centers must evaluate policy influence, as well as the anecdotal evidence surrounding benefits. It is up to the center to decide if the benefits of advocacy and prestige are goals that are worth the costs of accreditation for their institution.

### **Areas of Future Research**

This study worked to address a gap in academic literature by investigating the impact of accreditation on the policies and services offered at college counseling centers. In many ways, this research was exploratory in opening doors for future research into this topic area. For there to be a more robust dialogue on the impacts of accreditation, particularly at counseling centers, I propose that future research endeavors should focus on a more technical and larger-scale analysis of accreditation's impact on policies and that further analysis should be conducted on the growing influence of research organizations with whom counseling centers may be partnered.

A large study of college counseling centers could allow for a more robust conversation around the impacts on policies and practices. Additionally, researchers could look at the impacts of a variety of different accrediting bodies that are relevant to the field. This analysis could further delve into any overlap or differences in standards used, as well as how that may impact services or effectiveness of the counseling services. In order to better address the question of whether accreditation acts as a signaling mechanism, analysis on counseling center budgets, public perceptions, and recruitment may be conducted among a cohort of schools that have similar characteristics and policies, but differing accreditations.

One major theme that was revealed in the interviews with counseling center staff was the importance of research organizations, like CCMH and AUCCCD, that provide a detailed look at the counseling center itself, and a comparative analysis of other centers. Research should be conducted on the rise of participation in and influence of these research entities as thought leaders on counseling center best practices. There should be particular focus on the amount of influence the data and recommendations that come out of these studies have on both the participating centers and other centers at-large. There should also be focus on whether the recommendations that come out of such research are in line with or differing from the standards



that are put forth by major accrediting bodies. Comparative analysis can also be conducted on the impact of accreditation standards versus large research studies on the effectiveness and outcomes of counseling centers. This research is pertinent to evaluating what forms of organizations are best and most accessible in holding counseling centers to providing the more effective services for their community.

## **Appendices**

### **Appendix A: Interview Questions**

Staff members from counseling centers accredited by IACS were asked the following questions:

1. How are your counseling center's policies (such as services offered, staff-to-student ratio, and session limits) decided? Specifically, what are the processes for developing and changing policies? Who is involved?
2. How many times has your institution sought IACS accreditation?
  - Why did you seek the accreditation?
  - What costs or benefits have you observed from being accredited by the IACS?
  - Why might a counseling center not seek this accreditation?
3. Do you feel as though the accreditation has changed your counseling center's ability to advocate for students and for resources?
4. Are there any other sets of standards or accreditations that your counseling center seeks out or references when deciding policies and practices?

Staff members from counseling centers that did not have the IACS accreditation were asked the following questions:

1. How are your counseling center's policies (such as services offered, staff-to-student ratio, and session limits) decided? Specifically, what are the processes for developing and changing policies? Who is involved?
2. Are there any sets of standards or accreditations that your counseling center seeks out or references when deciding policies and practices?
3. Has your institution ever sought out IACS accreditation?
  - If so, what policies hindered the counseling center from becoming accredited?
  - If the accreditation has not been sought out, why not?
  - Why might a counseling center seek out this accreditation?

### **Appendix B: Compliance Score Research**

The standards utilized in the column headings are sourced from the 2020 update to IACS accreditation standards (IACS, 2020).

| Institution Number | IACS Accreditation | II.A.1. Individual counseling must be provided, group counseling should be provided and couples counseling may be provided. These counseling services may include such issues as educational, career, personal, developmental, and relationship concerns. Services should be sufficient to meet the needs of students in a timely manner. | II.A.3. Regular evaluation of the effectiveness of the services must be conducted.                                  | II.B. Psychiatric resources must be available to the service either on campus or in the community to provide timely response for medication evaluation and management. Centers strive to collaborate with psychiatric personnel providing services to students. | II.E. Crisis Intervention and Emergency Services Counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements with other resources on and off campus and in the surrounding area. |
|--------------------|--------------------|---|---|---|--|
| 1                  | 0                  | 1; Services include initial assessments, brief individual therapy, couples counseling, group therapy (including mindfulness groups, skills and wellness groups, interpersonal process groups, and various theme/support groups), and multicultural health programming.  | 0; Unable to find on university websites.   | 1; This center provides psychiatric resources and medication management.  | 1; There is 24/7 crisis support lines; If students need care outside of the counseling center, there is a student emergency fund that covers emergency medical care.   |
| 2                  | 0                  | 1; Services include short-term counseling and psychotherapy, couples counseling (if both students), group treatment (wellness skills and therapy groups), and speciality services (ADHD, LGBTQ services, Student Veterans, etc.).   | 1; Website includes a data overview that includes utilization and demographic information.                          | 1; This center provides psychiatric services and consultation.  | 1; The center provides emergency service lines as well as lists outside resources; The university has a medical care assistance fund available for students with financial hardship as well as an economic crisis response team.                     |
| 3                  | 0                  | 1; Services include short-term individual counseling, groups and classes (meditation, discussion groups, identity-based support, skill-building groups, and more).  | 1; Center conducts a yearly impact report of usage, satisfaction, and other measurements.                           | 1; This center provides medication and psychiatric services.  | 1; Center website includes a student crisis line as well as other resources; The institution has a student emergency fund available that addresses unexpected medical needs.   |
| 4                  | 0                  | 1; Services include individual therapy, group therapy (including skills groups, support groups, and interpersonal process groups), and clinical care management.  | 0; Unable to find on university websites.   | 1; This center has psychiatric care provided through a collaborative treatment model.   | 1; Website includes an emergency assessment and consultation line as well as links to other resources.   |
| 5                  | 0                  | 1; Services include individual counseling, group counseling (including focuses on identity, grief, mindfulness, and other topics), mental health workshops and drop-in groups, and career counseling.   | 0; Unable to find on university websites.   | 0; This center does not provide psychiatric services. There are two community resources listed that provide psychiatric service but no information on relationship with the counseling center.  | 1; Website includes information about the center's crisis clinic line as well as other crisis resources.   |
| 6                  | 0                  | 1; Services include individual counseling, couple/partner counseling, group counseling (including interpersonal process groups, support theme groups, combined format groups, psychoeducational groups, wellness groups, and survivor services groups), and processing spaces.  | 1; This center participated in and publishes their results from the Healthy Minds Study that is conducted annually. | 1; The health services of the university provide psychiatric services focused on medication management and evaluation. The counseling center helps with referrals and transitions to this service.  | 1; Website includes information for a 24-hour crisis line and other medical resources.   |

|                    |                    |   |  |   |   |
|--------------------|--------------------|---|--|---|---|
| Institution Number | IACS Accreditation | II.A.1. Individual counseling must be provided, group counseling should be provided and couples counseling may be provided. These counseling services may include such issues as educational, career, personal, developmental, and relationship concerns. Services should be sufficient to meet the needs of students in a timely manner. | II.A.3. Regular evaluation of the effectiveness of the services must be conducted.   | II.B. Psychiatric resources must be available to the service either on campus or in the community to provide timely response for medication evaluation and management. Centers strive to collaborate with psychiatric personnel providing services to students. | II.E. Crisis Intervention and Emergency Services Counseling services must provide crisis intervention and emergency coverage either directly or through cooperative arrangements with other resources on and off campus and in the surrounding area.  |
| 7                  |                    | 1; Services include individual and couples counseling, group counseling (including single session groups and skills and support groups), and career counseling.   | 1; This center includes a fact sheet about student mental health concerns and center utilization statistics.                       | 1; The center has psychiatric clinicians and focuses on medical evaluation and a combined treatment model.  | 1; Crisis services are listed both through the center (includes an after hours line) and through outside resources. There is a financial aid fund for students who are in need of emergency financial medical and mental health expenses.             |
| 8                  |                    | 1; Services include individual counseling, group counseling (including self-compassion, grief and loss, diversity issues, general therapy, and more), couples counseling, and career counseling.  | 1; Center releases an annual report that outlines accomplishments, center usage, highlights, and goals.                            | 1; There is a separate mental health service under the institution's health center. The center works in collaboration with these psychiatrists to provide referrals and support.  | 1; An after hours crisis support line is listed as well as a page dedicated to resources for immediate help; There is a student crisis fund that can help aid in emergency financial needs.   |
| 9                  |                    | 1; Services include individuals and couples counseling, groups, lunch series, workshops, gender affirming services, trauma-informed services, and eating and body image services.   | 1; Center has an annual report that provides information on client surveys, client data, training programs, initiatives, and more. | 1; The center offers support for students as they explore mental health treatment options such as medication. For a psychiatric evaluation, students go to a separate mental health service option housed in the institution's general health services.         | 1; The center has a crisis response team, tele-counseling urgent services, after hours urgent support, and links to community resources; the institution has a student crisis fund that is provided for student who have an emergency financial need. |
| 10                 |                    | 1; Services include individual counseling, groups and workshops (including educational workshops, affinity groups, and counseling groups), and academic success programming   | 0; Unable to find on university websites.  | 1; There is a separate mental health service option under the institution's health services. The center works with this organization to provide psychiatric services and medication assessment/management   | 1; The center has information for their own crisis line, text line, and a list of off-campus resources; The institution has a student emergency fund that students can apply to when facing financial difficulty.                                     |
| 11                 |                    | 1; Services include individual counseling, group counseling (including anxiety support, coping with grief, racial stress and trauma, and understanding self and others), couples and relationship counseling, gender affirmation support services, and substance use services.  | 0; Unable to find on university websites.  | 1; Psychiatric services are offered through the institution's student health services.  | 1; The center has after hours crisis support lines as well as links to national resources; The institution has an emergency assistance fund for students that can cover financial hardship.   |

| Institution Number | IACS Accreditation | II.F. The counseling service must offer preventive programming focused on the developmental needs of students, to maximize the potential to benefit from their academic experience. Programs should help students acquire new knowledge, skills and behaviors; encourage positive and realistic self-appraisal; foster personal, academic and career choices; enhance the ability to relate mutually and meaningfully with others; and increase the capacity to engage in a personally satisfying and effective style of living. Counseling centers may use social media and/or passive programming in their outreach efforts. These programs should be responsive to sexual/relational orientation, gender identity, racial, cultural, disability and ethnic diversity among students, and reach students who are less likely to make use of traditional counseling services. Counseling centers should effectively market their services to the university community – communicating the range of services available to students in order to maximize awareness and utilization. | II.H Counseling services must provide referral resources within the institution and the local community to meet the needs of students whose problems are outside the scope of services or resources of the counseling center. Referral resources should be evaluated for availability and affordability. | II.J There must be a regular review of the counseling service based on data from center evaluation efforts. When possible, it is desirable to include comparative data from other institutions in the evaluation process. This program evaluation should include an organized and systematic, peer review process for case records. | II.K. Training and supervision are appropriate and desirable responsibilities of counseling services. A training program should be incorporated in the center where it is economically and functionally feasible, to contribute to the development of practitioners in relevant professions. |
|--------------------|--------------------|--|--|---|--|
| 1                  | 0                  | 1; Center outreach includes workshops, presentations, and other programming provided upon request. Additionally, this center provides support to mental health student organizations. They also have various forms of social media and newsletters. The multicultural health program also includes outreach programming.   | 1; During initial assessment, students may be offered referral coordination services. There are referral coordinators at the center and an email that students can reach out to for more resources. Insurance and provider preferences are taken into account.   | 1; Involvement in CCMH and AUCCCD   | 1; Training programs include a doctoral internship program, a post-MSW fellowship, and a field placement/practicum.  |
| 2                  | 0                  | 1; There are quarterly scheduled workshops that are focused on educating and empowering the community. There is also a section to request a workshop or training.  | 1; The center may coordinate referrals to a community partner or provider in a students insurance network. There is also a community provider database that is linked to their website.  | 1; Involvement in CCMH  | 1; Training programs include doctoral internships in health service psychology, postdoctoral fellowships, practicum programs, and social work internships.   |
| 3                  | 0                  | 1; Outreach includes a variety of wellness workshops and events, multiple prevention projects (bystander intervention, interpersonal violence prevention, etc.), presentation requests, and a wellness app.  | 1; Student meets with a brief assessment and referral counselor at their first appointment. Website includes a list of off-campus counseling resources.  | 1; Involvement in CCMH and AUCCCD   | 1; Training programs include social work training, Psychology intern training, and practicum training.   |
| 4                  | 0                  | 1; Outreach and prevention services includes programming, classroom presentations, workshops, remote services, special events, and consultations.  | 1; Website includes a local therapist database that allows students to toggle the search based on their needs; Care managers are available to help students navigate the referral process.   | 1; Involvement in CCMH and AUCCCD   | 1; Training programs include doctoral psychology interns, advanced doctoral practicum in psychology, and a 4th year psychiatry resident elective.  |
| 5                  | 0                  | 1; Outreach and prevention services include meeting with student organizations, presentations and workshops, debriefing with groups impacted by traumatic experiences, and training offering. There is a form to request outreach from the center.   | 1; Referral to mental health providers in the community is provided to students and is focused on accommodating student location and affordability needs; Referrals can occur at appointments or over the phone.   | 1; Involvement in CCMH and AUCCCD   | 1; Training programs include a doctoral internship program in health service psychology.   |
| 6                  | 0                  | 1; Outreach includes drop-in self-care programming, presentations and programs, workshops, support networks, and more. There is a form for submitting an outreach request.   | 1; Care managers assist students in getting connected to care outside of the university health system, provide support once care is established, and provide follow up with students to ensure needs have been met. Website includes information on how to understand insurance coverage.                | 1; Involvement in CCMH and AUCCCD   | 1; Training programs include a doctoral psychology internship training, practicum training, and postdoctoral psychology fellowship.  |

|                    |                    |   |   |  |   |
|--------------------|--------------------|---|---|--|---|
| Institution Number | IACS Accreditation | <p>II.F. The counseling service must offer preventive programming focused on the developmental needs of students, to maximize the potential to benefit from their academic experience. Programs should help students acquire new knowledge, skills and behaviors; encourage positive and realistic self-appraisal; foster personal, academic and career choices; enhance the ability to relate mutually and meaningfully with others; and increase the capacity to engage in a personally satisfying and effective style of living. Counseling centers may use social media and/or passive programming in their outreach efforts. These programs should be responsive to sexual/relational orientation, gender identity, racial, cultural, disability and ethnic diversity among students, and reach students who are less likely to make use of traditional counseling services. Counseling centers should effectively market their services to the university community – communicating the range of services available to students in order to maximize awareness and utilization.</p> | <p>II.H Counseling services must provide referral resources within the institution and the local community to meet the needs of students whose problems are outside the scope of services or resources of the counseling center. Referral resources should be evaluated for availability and affordability.</p> | <p>II.J There must be a regular review of the counseling service based on data from center evaluation efforts. When possible, it is desirable to include comparative data from other institutions in the evaluation process. This program evaluation should include an organized and systematic, peer review process for case records.</p> | <p>II.K. Training and supervision are appropriate and desirable responsibilities of counseling services. A training program should be incorporated in the center where it is economically and functionally feasible, to contribute to the development of practitioners in relevant professions.</p> |
| 7                  |                    | <p>1; Outreach includes campaigns, handbooks, outreach to specific communities, workshops, and online trainings; There is contact information for requesting specific outreach efforts.</p>   | <p>1; Center has a referral database that allows students to search by provider demographics, location, insurance, and more. Students can also work with a counselor to locate a provider or submit a referral request.</p>   | <p>1; Involvement in CCMH and AUCCCD</p>   | <p>1; Training programs include a postdoctoral fellowship in health service psychology, a post-MSW fellowship in clinical social work, a doctoral internship in health service psychology, and a career counseling internship.</p>  |
| 8                  |                    | <p>1; Outreach includes presentations, consultation services, and workshops. The center also participates in tabling events and has a form for requesting outreach/consultation.</p>  | <p>1; Center maintains a list of off-campus resources and students can schedule an appointment with a care manager to help find the best fit.</p>   | <p>1; Involvement in CCMH and AUCCCD</p>   | <p>1; Training programs include an externship and a doctoral internship in health service psychology.</p>   |
| 9                  |                    | <p>1; Outreach includes an app, campus wide partnerships, workshops, social media, and trainings. There is regularly scheduled programming and a form to request specific/additional workshops.</p>   | <p>1; Care managers connect students to additional resources both on and off campus. They help with navigating health insurance coverage and help with making counseling options affordable. There is also a community provider database.</p>   | <p>1; Involvement in CCMH and AUCCCD</p>   | <p>1; Training programs include a doctoral internship, an outreach and education social work internship, a postdoctoral fellowship in professional psychology, a post-MSW fellowship, a psychology practicum, and a social work internship</p>  |
| 10                 |                    | <p>1; Outreach includes workshops (also available upon request), a BIPOC mental health collective, consultation services, and a university community response team.</p>   | <p>1; The counseling center provides referrals for mental health providers and resources in the community after an initial counseling appointment.</p>  | <p>1; Involvement in CCMH and AUCCCD</p>   | <p>1; Training programs include a practicum, advanced practicum, and predoctoral psychology internship.</p>   |
| 11                 |                    | <p>1; Outreach includes wellness workshops, storytelling initiatives, collaboration with student organizations, and interactive programs/presentations. There is a form to request additional outreach.</p>   | <p>1; The center has an online directory of off-campus mental health clinicians and the website links national directories. Counseling center staff can help with navigating connection with community resources.</p>   | <p>1; Involvement in CCMH and AUCCCD</p>   | <p>1; Training programs include doctoral internships and clinical counseling internships.</p>   |

| Institution Number | IACS Accreditation | III.K.4. Counseling Center websites should be user-friendly, searchable, contain disclaimer statements on usage and contact information; include policies on confidentiality and use of e-mail; crisis and emergency information, accessible to students with disabilities.                  | IV. Counseling functions are performed by professionals with a minimum of a master's degree from relevant disciplines such as: counseling psychology, clinical psychology, counselor education, social work, marriage and family, or mental health counseling. | IV.B.1.a) The Director should have an earned doctorate or master's degree from a regionally accredited university, in counseling psychology, clinical psychology, counselor education, social work, marriage and family, or other closely related discipline. | V.C.1 Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1500 students, depending on services offered and other campus mental health agencies. Additional measures may be accessed to evaluate necessary staffing for the clinical capacity of the center (i.e., Clinical Load Index [CLI]). | Center for Collegiate Mental Health Member Center | AUCCCD Report 2019-2020 Participant |
|--------------------|--------------------|--|--|---|--|---|-------------------------------------|
| 1                  |                    | 1; Website is searchable; contains confidentiality information about written, spoken, print, and electronic correspondence; the 24/7 phone line as well as a page on urgent concerns are available; and there is a page for reporting digital accessibility concerns.                        | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; Doctor of Medicine   | 1; 30,101/29 = 1,037.97  | Yes   | Yes                                 |
| 2                  |                    | 1; Website is searchable; there is a page for confidentiality and privacy practices; there is a crisis page listing various hotlines and resources; and there is a page on web accessibility policies and how to obtain more information.  | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD in Counseling Psychology   | 1; 46,000/56 = 756.20  | Yes   | No                                  |
| 3                  |                    | 1; Website is searchable; confidentiality page includes detailed information about privacy, counseling records, clients rights, and more; a student crisis line and other crisis resources are listed; and there is a web accessibility policy page with contact information for complaints. | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD in Counseling Psychology   | 1; 51,832/36 = 1,439.8   | Yes   | Yes                                 |
| 4                  |                    | 1; Website is searchable; contains information on confidentiality and privacy; includes crisis service line and other resources; includes information on how to report an inaccessible website.  | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD  | 1; 24,642/34 = 724.76  | Yes   | Yes                                 |
| 5                  |                    | 1; Website is searchable; information about confidentiality and electronic records is included; phone numbers and chat options for crisis situations are listed (both provided by the center); and there is a page on accessibility resources and ways to report issues.                     | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD  | 0; 48,126/22 = 2,187.55  | Yes   | Yes                                 |
| 6                  |                    | 1; Website is searchable; there is a page on confidentiality, privacy, and patient rights; crisis line information and other crisis resources are listed; and there is a page for feedback, questions, and accessibility issues.   | 0; Information was missing for the degrees/educational background of professional staff.   | 1; PhD in Counseling Psychology   | 1; 45,540/50 = 910.8   | Yes   | Yes                                 |

| Institution Number | IACS Accreditation | III.K.4. Counseling Center websites should be user-friendly, searchable, contain disclaimer statements on usage and contact information; include policies on confidentiality and use of e-mail; crisis and emergency information, accessible to students with disabilities.   | IV. Counseling functions are performed by professionals with a minimum of a master's degree from relevant disciplines such as: counseling psychology, clinical psychology, counselor education, social work, marriage and family, or mental health counseling. | IV.B.1.a) The Director should have an earned doctorate or master's degree from a regionally accredited university, in counseling psychology, clinical psychology, counselor education, social work, marriage and family, or other closely related discipline. | V.C.1 Every effort should be made to maintain minimum staffing ratios in the range of one FTE professional staff member (excluding trainees) for every 1,000-1500 students, depending on services offered and other campus mental health agencies. Additional measures may be accessed to evaluate necessary staffing for the clinical capacity of the center (i.e., Clinical Load Index [CLI]). | Center for Collegiate Mental Health Member Center | AUCCCD Report 2019-2020 Participant |
|--------------------|--------------------|---|--|---|--|---|-------------------------------------|
| 7                  |                    | 1; Website is searchable; there is a page on confidentiality that outlines the center's policies and limits on confidentiality; there is the center's after hours line information and outside crisis service resources; and there is a page on online accessibility policy and contact information to report issues.   | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD  | 1; 42,347/54=784.2   | Yes   | Yes                                 |
| 8                  |                    | 1; Website is searchable; there is a confidentiality statement that includes the guidelines the center follows on confidentiality and the situations in which disclosure is required; after hours crisis support is listed along with other emergency resources; and there is a page on web accessibility and contact information to request an alternative format. | 0; Information is missing on the educational background of professional staff. The annual report lists degree, but not the field of study.   | 1; PhD  | 0; 40,709/23=1,749.96  | Yes   | Yes                                 |
| 9                  |                    | 1; Website is searchable; there is a page on confidentiality that outlines their confidentiality policy and what methods of communicates that policy covers; crisis service lines as well as community and national resources are highlighted; and there is a web accessibility statement and methods for reporting any issues.                                     | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD  | 1; 48,090/43= 1,118.37   | Yes   | Yes                                 |
| 10                 |                    | 0; Website is searchable; confidentiality information could not be found on the counseling center's website; center-specific crisis resources as well as links to off-campus resources are highlighted; and there is a page to anonymously report web disability-related issues.  | 1; Yes; All professional staff members have at least a master's degree in a relevant discipline.   | 1; PhD in Counseling Psychology   | 0; 47,556/17=2,797.41  | Yes   | Yes                                 |
| 11                 |                    | 1; Website is searchable; information regarding confidentiality and HIPAA compliance is included; after-hours phone numbers for the center and other crisis services are highlighted; and the institution has a page that highlights their digital accessibility policy and a form for reporting any accessibility barriers.  | 0; Website is missing information regarding the educational background of some professional staff members.   | 1; PhD  | 1; 28,234/24= 1,176.42   | Yes   | Yes                                 |

## Appendix C: T-Test of Compliance Scores by Accreditation Status



Two-sample t test with equal variances

| Group    | Obs | Mean     | Std. Err. | Std. Dev. | [95% Conf. Interval] |          |
|----------|-----|----------|-----------|-----------|----------------------|----------|
| 0        | 6   | 11       | .4472136  | 1.095445  | 9.850401             | 12.1496  |
| 1        | 5   | 10.6     | .6        | 1.341641  | 8.934133             | 12.26587 |
| combined | 11  | 10.81818 | .3520894  | 1.167748  | 10.03368             | 11.60269 |
| diff     |     | .4       | .7333333  |           | -1.258915            | 2.058915 |

diff = mean(0) - mean(1) t = 0.5455  
 Ho: diff = 0 degrees of freedom = 9

Ha: diff < 0 Ha: diff != 0 Ha: diff > 0  
 Pr(T < t) = 0.7007 Pr(|T| > |t|) = 0.5987 Pr(T > t) = 0.2993

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